

1 I, Dr. Daniel Sweet, hereby declare as follows:

2 I am a practicing dentist who has purchased dental restorations from
3 Keating Dental Arts, Inc. ("Keating"). My dental office is located at 1990 Shaw
4 Avenue, Suite C, Clovis, CA 93611. I have personal knowledge of the matters
5 set forth herein. If called upon to testify, I could and would testify as follows:

6 1. I am licensed to practice dentistry in the state of California. I
7 received an undergraduate degree from California State University Northridge in
8 1972. I received a Doctor of Dental Surgery degree from the University of the
9 Pacific in 1976. I have been practicing as a licensed dentist for over 36 years.
10 During that time, it has been a regular part of my practice to treat patients in need
11 of dental restorations.

12 2. To address my patients in need of dental restorations, it has been my
13 practice to purchase crowns and bridges from dental laboratories that manufacture
14 the restorations according to my specifications. In this regard, I provide the dental
15 laboratories with a prescription form that identifies the patient, the tooth (or teeth),
16 and the specific dental restoration product that I would like manufactured for the
17 patient.

18 3. Since my dental practice began in 1976, I have ordered dental
19 restorations from a number of different dental laboratories. I have been ordering
20 dental restorations from Keating since May 2007. I am aware of Glidewell
21 Laboratories and have used them on and off in the past for various products,
22 including dental restorations. I do not recall, however, if I have ever used them
23 for zirconia based crowns.

24 4. I have ordered many different types of dental restorations from
25 Keating including porcelain-fused-to-metal crowns, gold crowns, and crowns
26 containing zirconia.

27 5. The first time I ordered a crown containing zirconia from Keating
28

1 was in March 2009 when I ordered a "KDZ" crown. In 2009, Keating's "KDZ"
2 crown had a zirconia substructure with a porcelain overlay.

3 6. The first time I ordered a full contour zirconia crown from Keating
4 was in August 2011 when I ordered what Keating calls a KDZ Bruxer crown. I
5 learned of Keating's KDZ Bruxer product from advertisements Keating sent with
6 their bills and other mailers.

7 7. More recently, in August 2012, I placed three separate orders on two
8 different days for a KDZ Bruxer crown from Keating. Attached as **Exhibit A** is
9 a true and correct copy of the Keating Dental Arts prescription forms that I
10 submitted to Keating for these orders.

11 8. In each of the orders attached as Exhibit A, I specified the product
12 that I was ordering by writing "Brux-Zir" in the "Instructions" section of the form.
13 I wrote "Brux-Zir" on the prescription forms because to me that term meant a full
14 contour zirconia crown which is often used for bruxers. The term "Brux"
15 identifies the condition (bruxism) or patients (bruxers) for which these crowns are
16 useful and the "Zir" describes the material (zirconia) from which the crowns are
17 made. I knew I was ordering the crown from Keating and I wanted to receive a
18 crown made by Keating.

19 9. When I wrote "Brux-Zir" on the prescription form, I did not intend
20 to order a crown made by Glidewell Laboratories. Nor did I intend to order a
21 crown made from material provided by Glidewell Laboratories. When ordering
22 the KDZ Bruxer crown, I did not think there was any affiliation between Keating
23 and Glidewell Laboratories.

24 10. I have seen a lot of advertising using the term "bruxzir" to refer
25 generally to a full contour zirconia crown. From these advertisements, I came to
26 the conclusion that "bruxzir" is the name used to describe a full contour zirconia
27 crown. It does not identify a specific company to me, nor does it identify a
28

1 specific company's product.

2 11. Soon after sending the prescription forms attached as Exhibit A to
3 Keating, I was contacted by a Keating employee to clarify my order. Specifically,
4 the Keating employee asked me to confirm that I wanted to order Keating's KDZ
5 Bruxer product. The Keating employee explained that the term "BruxZir" is a
6 brand name of another dental laboratory, and the employee offered to return the
7 order to me if I wanted to order from another dental laboratory. The Keating
8 employee made two separate calls as I had placed similar orders on two separate
9 days. In each instance, I confirmed that I wanted to order Keating's full contour
10 zirconia crown.

11 I declare under penalty of perjury under the laws of the United States of
12 America that the foregoing is true and correct.

13 Executed November 8, 2012, in Clovis, California.

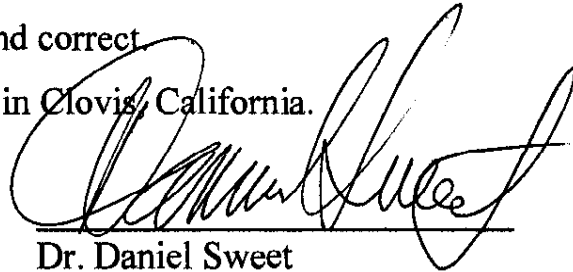
14 
15
16 Dr. Daniel Sweet

EXHIBIT A



Phone: (949) 955-2100 Fax: (949) 955-2199
16881 Hale Avenue, Irvine, CA 92606
E-mail: shade@keatingdentalarts.com
www.keatingdentalarts.com

Doctor's Account# SWE

Phone# 559 298-2515

Dr. DANIEL SWEET

REDACTED

Patient. LAST

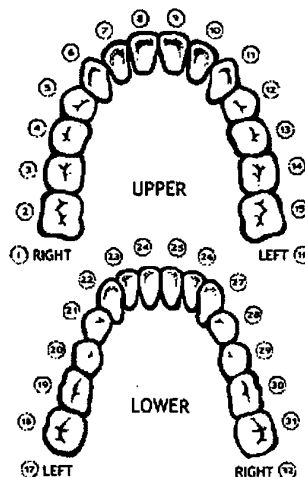
Toll Free: (800)433-9833

Finish Date: 5/6 8/06 due
two weeks

Rx SPECIFIC INSTRUCTIONS

#14 Brux-Zin

AZ



Signature: [Signature] D.D.S. License #: _____

TERMS: Customer agrees to company policy as stated on reverse.

Age: _____ Sex: _____

☐ Dr. to Die Trim ☐ Metal Try-In

☐ Finish to Porcelain

Please indicate the distribution of hues and the types of characterizations desired:

SHADE INSTRUCTIONS

Vita-Lumin: _____ Vita-3D: _____

Chromoscop: _____ Stump Shade: _____

Nonstake: _____ Other: _____

BUCCAL COLLAR DESIGN

☐ Hairline or _____ mm on Buccal

☐ Porcelain Junction Margin*

☐ Porcelain Butt Margin (90 shoulder req.)

METAL DESIGN

☐ All Porcelain coverage

☐ Metal Coping with Porcelain coverage*

☐ Metal Occlusal excluding Buccal CUSP

☐ Metal Occlusal including Buccal CUSP

PONTIC DESIGN

☐ Sanitary ☐ Full Ridge Lap ☐ Modified Ridge Lap* ☐ Bullet ☐ Ovale

ANTERIOR DESIGN

☐ 1/4 Metal Lingual ☐ 1/2 Metal Lingual ☐ 3/4 Metal Lingual

OCCUSAL STAINING

☐ None ☐ Medium

☐ Light* ☐ Dark

IF NO OCCUSAL CLEARANCE

☐ Metal Occlusion

☐ Reduction Coping

☐ Spot Opposing

☐ Make Permanent Note

<p>PORCELAIN FUSED TO METAL</p> <p><input type="checkbox"/> Fused to Non-Precious*</p> <p><input type="checkbox"/> Fused to Semi-Precious</p> <p><input type="checkbox"/> Fused to White High Noble</p> <p><input type="checkbox"/> Fused to Yellow High Noble</p> <p><input type="checkbox"/> Fused to Captek</p> <p>LAB TIME: 5 DAYS</p>	<p>ALL-CERAMIC</p> <p><input type="checkbox"/> KDA Foil Veneer Stacked Feldspathic</p> <p><input type="checkbox"/> IPS e.max*</p> <p><input type="checkbox"/> IPS Empress* Esthetic</p> <p>LAB TIME: 5 DAYS</p>
<p>IMPLANTS</p> <p><input type="checkbox"/> Porcelain fused to Semi-Precious</p> <p><input type="checkbox"/> Porcelain fused to White High Noble*</p> <p><input type="checkbox"/> Porcelain fused to Yellow High Noble</p> <p><input type="checkbox"/> Porcelain fused to Captek</p> <p><input type="checkbox"/> Procera All-Ceramic**</p> <p><input type="checkbox"/> KDZ Zirconia</p> <p><input type="checkbox"/> Procera Custom Abutment:</p> <p><input type="checkbox"/> Titanium <input type="checkbox"/> Ceramic</p> <p><input type="checkbox"/> Atlantis Custom Abutment:</p> <p><input type="checkbox"/> Titanium <input type="checkbox"/> Ceramic</p> <p>LAB TIME: 5 DAYS</p>	<p>THERMOFORMED PRODUCTS</p> <p><input type="checkbox"/> Soft Nightguard</p> <p><input type="checkbox"/> Bleaching Tray</p> <p><input type="checkbox"/> Hard Night Guard</p> <p><input type="checkbox"/> Custom Tray</p> <p><input type="checkbox"/> Ultra Guard (Soft & hard for extra comfort)</p> <p><input type="checkbox"/> Snore Guard</p> <p>PRO-SAFE MOUTHGUARDS</p> <p><input type="checkbox"/> Junior</p> <p><input type="checkbox"/> Intermediate</p> <p><input type="checkbox"/> Pro-Guard</p> <p>LAB TIME: 3 DAYS</p>
<p>CAD/CAM</p> <p><input type="checkbox"/> KDZ Zirconia</p> <p><input type="checkbox"/> Procera Zirkon</p> <p>LAB TIME: 5 DAYS</p>	<p>COMPOSITES</p> <p><input type="checkbox"/> Tescera ATL*</p> <p><input type="checkbox"/> Tescera ATL* U-Beam Bridge</p> <p>LAB TIME: 5 DAYS</p>
<p>FULL CAST RESTORATIONS</p> <p><input type="checkbox"/> High Noble 62*—Type III (62 AU)</p> <p><input type="checkbox"/> Gold inlay/onlay—Type II (JRV 77 AU)</p> <p><input type="checkbox"/> Other _____</p> <p>Please Specify</p> <p>LAB TIME: 4 DAYS</p>	<p>PRO-TEMPS REINFORCEMENT</p> <p>Abutments #s _____ Pontics #s _____</p> <p><input type="checkbox"/> Wire*</p> <p><input type="checkbox"/> Cast Metal Frame</p> <p><input type="checkbox"/> Splinted</p> <p><input type="checkbox"/> Individual</p> <p>LAB TIME: 6 DAYS</p>
<p>REMOVABLES</p> <p><input type="checkbox"/> KDA Denture</p> <p><input type="checkbox"/> KDA Premium Denture</p> <p><input type="checkbox"/> Cast Chrome Frame</p> <p><input type="checkbox"/> Set-up/Process Teeth on Partial Frame</p> <p><input type="checkbox"/> Mould _____</p> <p><input type="checkbox"/> Shade _____</p> <p><input type="checkbox"/> Partial Complete Framework Process and Finish</p> <p><input type="checkbox"/> Custom Impression Tray</p> <p><input type="checkbox"/> Acrylic Stayplate</p> <p><input type="checkbox"/> Valpast Partial Denture Complete</p> <p><input type="checkbox"/> Reline</p> <p><input type="checkbox"/> Space Maintainer</p>	

*STANDARD UNLESS OTHERWISE SPECIFIED. **NOBEL BIO-CARE ALL-CERAMIC ABUTMENTS ONLY.



Keating
Dental Arts
Creative smiles everyday

Phone: (949) 955-2100 Fax: (949) 955-2199
16881 Hale Avenue, Irvine, CA 92606
E-mail: shade@keatingdentalarts.com
www.keatingdentalarts.com

Doctor's Account# SWE
Dr. DR. DANIEL SWEET

Phone# 891 298 2575

REDACTED

Patient

LAST

FIRST

Toll Free: (800)433-9833

Finish Date: two weeks 8/12/12

PLEASE SEND THE FOLLOWING

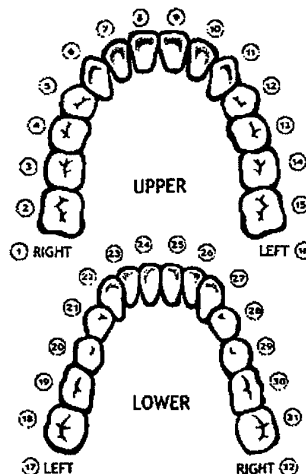
- ☐ RX forms ☐ Mailing Labels
☐ Boxes ☐ Other

SPECIAL ENCLOSURES

- ☐ Photo(s) ☐ Analog
☐ Models ☐ Implant Parts
☐ Shade Tab ☐ Impression
☐ Bite ☐ Other

Rx SPECIFIC INSTRUCTIONS

#14 Bux-Zin
A/



PORCELAIN FUSED TO METAL

- ☐ Fused to Non-Precious*
☐ Fused to Semi-Precious
☐ Fused to White High Noble
☐ Fused to Yellow High Noble
☐ Fused to Captek

LAB TIME: 5 DAYS

IMPLANTS

- ☐ Porcelain fused to Semi-Precious
☐ Porcelain fused to White High Noble*
☐ Porcelain fused to Yellow High Noble
☐ Porcelain fused to Captek
☐ Procera All-Ceramic**
☐ KDZ Zirconia
☐ Procera Custom Abutment:
☐ Titanium ☐ Ceramic
☐ Atlantis Custom Abutment:
☐ Titanium ☐ Ceramic

LAB TIME: 8 DAYS

CAD/CAM

- ☐ KDZ Zirconia
☐ Procera Zirkon

LAB TIME: 8 DAYS

FULL CAST RESTORATIONS

- ☐ High Noble 62*—Type II (62 AU)
☐ Gold inlay/onlay—Type II (JRV 77 AU)
☐ Other
Please Specify

LAB TIME: 4 DAYS

ALL-CERAMIC

- ☐ KDA Foil Veneer
Stacked Feldspathic
☐ IPS e.max*
☐ IPS Empress* Esthetic

LAB TIME: 5 DAYS

THERMOFORMED PRODUCTS

- ☐ Soft Nightguard
☐ Bleaching Tray
☐ Hard Night Guard
☐ Custom Tray
☐ Ultra Guard
(Soft & hard for extra comfort)
☐ Snore Guard

PRO-SAFE MOUTHGUARDS

- ☐ Junior
☐ Intermediate
☐ Pro-Guard

LAB TIME: 3 DAYS

COMPOSITES

- ☐ Tascera ATL*
☐ ATL*
☐ 14g

LAB TIME: 5 DAYS

PRO-TEMP REINFORCEMENT

- Abutments #s Antics #s
☐ Wire*
☐ Cast Metal Frame
☐ Splinted
☐ Individual

LAB TIME: 4 DAYS

REMOVABLES

- ☐ KDA Denture
☐ KDA Premium Denture
☐ Cast Chrome Frame
☐ Set-up/Process Teeth on Partial Frame
☐ Mould
☐ Shade
☐ Partial Complete Framework
Process and Finish
☐ Custom Impression Tray
☐ Acrylic Stayplate
☐ Valplast Partial Denture Complete
☐ Reline
☐ Space Maintainer

*STANDARD UNLESS OTHERWISE SPECIFIED. **NOBEL BIOCAST ALL-CERAMIC ABUTMENTS ONLY.

Signature: [Signature] D.D.S. License #:
TERMS: Customer agrees to company policy as stated on reverse.

Age: Sex:
☐ Dr. to Die Trim ☐ Metal Try-In
☐ Finish to Porcelain

Please indicate the distribution of hues and the types of characterizations desired:

SHADE INSTRUCTIONS

Vita-Lumin: Vita-3D:
Chromocop: Stump Shade:
Noritake: Other:



BUCCAL COLLAR DESIGN

- ☐ Hairline or mm on Buccal
☐ Porcelain Junction Margin*
☐ Porcelain Butt Margin (90 shoulder req.)

METAL DESIGN

- ☐ All Porcelain coverage
☐ Metal Coping with Porcelain coverage*
☐ Metal Occlusal excluding Buccal CUSP
☐ Metal Occlusal including Buccal CUSP

PONTIC DESIGN

- ☐ Sanitary ☐ Full Ridge Lap ☐ Modified Ridge Lap* ☐ Bullet ☐ Ovoid

ANTERIOR DESIGN

- ☐ 1/4 Metal Lingual ☐ 1/2 Metal Lingual ☐ 3/4 Metal Lingual

OCCUSAL STAINING

- ☐ None ☐ Medium
☐ Light* ☐ Dark

IF NO OCCUSAL CLEARANCE

- ☐ Metal Occlusion
☐ Reduction Coping
☐ Spot Opposing
☐ Make Permanent Note



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Doctor's Account # SWE Phone # ()

Dr. D.R. DANIEL SWEET

PLEASE PRINT CLEARLY

REDACTED

Patient. _____

Toll Free: (800)433-9833

Finish Date: two week

PLEASE SEND THE FOLLOWING

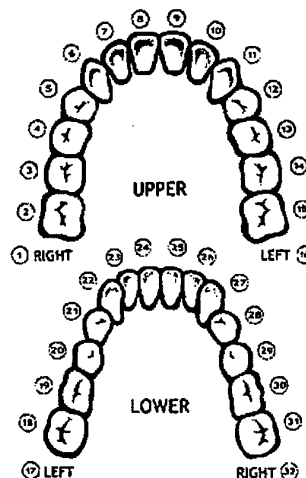
- ☐ RX forms ☐ Mailing Labels
☐ Boxes ☐ Other _____

SPECIAL ENCLOSURES

- ☐ Photo (s) ☐ Analog
☐ Models ☐ Implant Parts
☐ Shade Tab ☐ Impression
☐ Bite ☐ Other _____

R_x SPECIFIC INSTRUCTIONS

#21 Bux Zi
NP 2.5



PORCELAIN FUSED TO METAL

- ☐ Fused to Non-Precious*
☐ Fused to Semi-Precious
☐ Fused to White High Noble
☐ Fused to Yellow High Noble
☐ Fused to Captek

LAB TIME: 5 DAYS

ALL-CERAMIC

- ☐ KDA Foil Veneer
Stacked Feldspathic
☐ IPS e.max**
☐ IPS Empress* Esthetic

LAB TIME: 5 DAYS

IMPLANTS

- ☐ Porcelain fused to Semi-Precious
☐ Porcelain fused to White High Noble*
☐ Porcelain fused to Yellow High Noble
☐ Porcelain fused to Captek
☐ Procera All-Ceramic**
☐ KDZ Zirconia
☐ Procera Custom Abutment:
☐ Titanium ☐ Ceramic
☐ Atlantis Custom Abutment:
☐ Titanium ☐ Ceramic

LAB TIME: 9 DAYS

THERMOFORMED PRODUCTS

- ☐ Soft Nightguard
☐ Bleaching Tray
☐ Hard Night Guard
☐ Custom Tray
☐ Ultra Guard
(Soft & hard for extra comfort)
☐ Snore Guard

PRO-SAFE MOUTHGUARDS

- ☐ Junior
☐ Intermediate
☐ Pro-Guard

LAB TIME: 3 DAYS

CAD/CAM

- ☐ KDZ Zirconia
☐ Procera Zirkon

LAB TIME: 9 DAYS

COMPOSITES

- ☐ Tescera ATL*
☐ Tescera ATL*
U-Beam Bridge

LAB TIME: 5 DAYS

FULL CAST RESTORATIONS

- ☐ High Noble 62*—Type III (62 AU)
☐ Gold inlay/onlay—Type II (JRV 77 AU)
☐ Other _____
Please Specify

LAB TIME: 4 DAYS

PRO-TEMPS REINFORCEMENT

- Abutments #s _____ Pontics #s _____
☐ Wire*
☐ Cast Metal Frame
☐ Splinted
☐ Individual

LAB TIME: 4 DAYS

REMOVABLES

- ☐ KDA Denture ☐ Partial Complete Framework
☐ KDA Premium Denture ☐ Process and Finish
☐ Cast Chrome Frame ☐ Custom Impression Tray
☐ Set-up/Process Teeth on ☐ Acrylic Stayplate
Partial Frame ☐ Valpast Partial Denture Complete
☐ Mould _____ ☐ Reline
☐ Shade _____ ☐ Space Maintainer

*STANDARD UNLESS OTHERWISE SPECIFIED. **NORTEL BIO-CARE ALL-CERAMIC ABUTMENTS ONLY.

Signature: _____ D.D.S. License #: _____

TERMS: Customer agrees to company policy as stated on reverse.

ANTERIOR DESIGN



OCCUSAL STAINING

- ☐ None ☐ Medium
☐ Light* ☐ Dark

IF NO OCCUSAL CLEARANCE

- ☐ Metal Occlusion
☐ Reduction Coping
☐ Spot Opposing
☐ Make Permanent Note

PONTIC DESIGN



BUCCAL COLLAR DESIGN

- ☐ Hairline or _____ mm on Buccal
☐ Porcelain Junction Margin*
☐ Porcelain Butt Margin (90 shoulder req.)

METAL DESIGN

- ☐ All Porcelain coverage
☐ Metal Coping with Porcelain coverage*
☐ Metal Occlusal excluding Buccal CUSP
☐ Metal Occlusal including Buccal CUSP

Age: _____ Sex: _____

- ☐ Dr. to Die Trim ☐ Metal Try-In

- ☐ Finish to Porcelain

Please indicate the distribution of hues and the types of characterizations desired:

SHADE INSTRUCTIONS

Vita-Lumin: _____ Vita-3D: _____

Chromascop: _____ Stump Shade: _____

Noritake: _____ Other: _____

